20. *Committee on Paramedical Personnel*

The Council received a progress report from Doctor Arthur A. Kirchner, chairman, which required no action.

21. *Committee on Adverse Drug Reactions*

Doctor Murray, chairman, referred to a report on fatalities from aplastic anemia following the use of chloramphenicol, prepared by the committee in cooperation with the State Department of Public Health.

ACTION: Authority voted for publication of preliminary report on fatalities from aplastic anemia following the use of chloramphenicol.

22. *Staff Report*

Mr. Hassard presented a proposed bylaw amendment which would confer eligibility for election as a member of the House of Delegates on any member who had maintained three years' membership in the California Medical Association, rather than three years in the component society which he would serve.

ACTION: Voted to approve bylaw amendment to make members eligible to serve in House of Delegates after three years' membership in CMA.

23. *Action Committee on Health Care of the Aged*

Doctor Teall reported that the committee had met, had approved plans made to date and had appeared before the Council of the Los Angeles County Medical Association. He also reported that a bill has been introduced into the State Legislature (A. B. No. 5, Casey) which included about half of the proposals advanced by the Association for improving the Kerr-Mills program in California.

Doctor Teall read a letter from the executive vice-president of the American Medical Association relative to the availability of matching funds for state programs promoting the Kerr-Mills approach to health care for the aged and referring to the special meeting of the AMA House of Delegates to be held in Chicago on February 6 and 7. He suggested the advisability of alerting California delegates to the possibility of a caucus the week-end of January 30-31 or at a later date in advance of the Chicago meeting.

ACTION: Authorized CMA payment for delegates, and those alternates who wished, to attend the special session of the AMA House of Delegates.

Adjournment

There being no further business to come before it, the meeting was adjourned at 4:45 p.m.

CARL E. ANDERSON, M.D., *Chairman*
MATTHEW N. HOSMER, M.D., *Secretary*

Staffing Emergency Units in Hospitals

AFTER FULL consideration and discussion, a subcommittee on staffing of hospital emergency units and the Medical Review and Advisory Board recommend the following as a statement of policy concerning the staffing of emergency units in hospitals.

A. The present law and regulations require that all hospitals be prepared to handle emergencies which arise within their walls.

B. Sound considerations of public policy suggest that hospitals and medical staffs, on a community-wide basis, provide emergency care to those who come to the hospital from the outside seeking emergency care. Physicians and hospital representatives should work together in educating the public to the true function of the hospital emergency department and thereby reduce the non-emergency use of the hospital emergency room facilities.

C. The essential ingredient of a medical emergency is the possibility that delay in treatment might be detrimental to health or life.

D. The following concepts and guidelines are recommended for consideration and implementation by hospitals and their medical staffs:

1. Each hospital shall maintain facilities for evaluating anyone who comes to the hospital in an emergency, and arrange for him to obtain necessary medical care.

2. In the more densely populated areas or regions served by two or more hospitals which are located within reasonable proximity to each other (such as within fifteen minutes' driving time under normal conditions), these hospitals and their medical staffs may agree to establish a formal emergency service in one of the hospitals when it can be established that such service will best serve the public interest of that region.

3. The type of medical attendance—specialists, a general practitioner or general surgeon, serving full time or on call—must be determined by the needs

and the existing facilities in the emergency region. For emergency room service there shall be available at all times at least one registered nurse who has had the equivalent of current Red Cross first aid training.

4. When it is impossible to provide medical staffing through voluntary arrangements and it is necessary to employ physicians to provide services, it may be considered acceptable to provide for:

a. The salaried employment by the hospital of one or more licensed physicians under terms or conditions approved by the medical staff which are consistent with the Principles of Medical Ethics and other policies of the American Medical Association.

b. The employment of licensed physicians by a medical partnership or corporation, approved by the medical staff and composed of all or part of the members of the medical staff, with billing and remuneration for such professional services to be on any mutually satisfactory arrangement between the medical partnership or corporation and the employed physicians. Where there is reimbursement through insurance and prepayment mechanisms or other agencies for any part or all of such professional services, the medical partnership or corporation may obtain such payments. (*AMA Report on Physician-Hospital Relations;* June 1964; pp. 32-33.)

5. In each instance where an emergency service is maintained, the plans for medical evaluation and treatment must be organized and be under the supervision of an individual who is licensed to practice medicine and surgery, and who is directly responsible to the hospital medical staff emergency department committee or regional emergency center medical committee.

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This statement was developed by a subcommittee composed of representatives of the California Hospital Association and the California Medical Association. The California Nurses' Association has also reviewed the statement and feels it would be helpful.

The California Hospital Association Insurance Committee, as well as members of the Medical Review and Advisory Board, feel that this statement should be of assistance to members of the profession and hospital governing boards when they are confronted with problems regarding the staffing of an emergency unit. The recommendations contained in the recent AMA report on physician-hospital relations have been incorporated in this statement.

Respectfully submitted,

LEO J. ADELSTEIN, M.D., *Chairman*
Medical Review and Advisory Board